

# MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Continued Care Planning	Related Policies: Supercedes memo 04/05/02
Policy Number: CTP 22	Standards/Statutes: ARM 37.27.103; 37.27.120; 37.27.129-21,5h, 6a and 37.27.13 and 37.27.718
Effective Date: 04/05/02	Page 1 of 2

**PURPOSE:** To insure that optimum continuity of care is achieved for patients upon discharge

**POLICY:** Continued Care Planning includes the compilation of a thorough plan of recovery developed by the patient and their treatment team which may include but is not limited to: referral to appropriate community based out- patient addictions, mental health, medical, vocational, legal, peer support or other appropriate individualized services.

## **PROCEDURE:**

- I. Approximately one week prior to discharge, the treatment team will identify patients who have progressed in their treatment to the point of being referred to the Continued Care/Relapse Prevention Group. Patient projected discharge dates, located in the TIER system, will be coordinated with the treatment team by Admissions staff to create the list of potential patients for Continued Care/Relapse Prevention Group. Admissions staff will make every effort to have this list available by Friday of each week.
- II. All discharged patients will have been referred to a variety of continued care services based on their individualized needs and the appropriate ASAM criteria determining the level of care necessary.
- III. Community based appointments for continued care will be made prior to discharge and coordinated with the referral source and other required entities, i.e. probation, courts, etc.
- IV. Barriers to successful recovery efforts will be identified and addressed with the patient prior to discharge, which may include but not limited to: medical problems; mental health issues; employment; housing; marital problems; legal obligations; etc.
- V. Continued Care/Relapse Prevention services are provided to the patients by the Intake and Transition Team who insure that all appropriate facility forms, releases, community appointments, discharge transportation, and other critical discharge and recovery plans are developed, coordinated and documented in TIER in a timely and appropriate manner.
- VI. Homeless patients will have the following issues addressed:

Approved By: \_\_\_\_\_ 10/30/03  
David J. Peshek, Administrator Date